

Work Order ID 76553

76553

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November-16-11 3:03:49 PM

Item ID: D205-634-011

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Skidtube

Stop

NS2

Start Date: 16/11/2011 Start Qty: 1.00

1

Cust Item ID:

Required Date: 02/12/2011 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals: Process Plan: MLJ Date: 11/11/16 Tooling:

Date:

Run Start

NR1

QC: Date: SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
IIN D205-634	Rev F

100

0.00

100

DC

Memo

0.00

Document Control

Photocopy bluefile & type labels per PPP D205-634-011
CHG 007

12 01 06 (1)
MLJ 11-12-28

110

Pick Kit

0.00

110

Packaging

Memo

0.00

Packaging

12 11 15

120

QC4- 100% Inspect kits for completeness

0.00

120

QC

Memo

0.00

Quality Control

12 01 06 (1)

77245.

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Work Order ID 76553

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November-16-11 3:03:50 PM

Item ID: * D205-634-011

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Skidtube

Start Date: 16/11/2011 Start Qty: 1.00

1

Cust Item ID:

Required Date: 02/12/2011 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start ***NR1***

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130		0.00							
130									
Packaging	Memo	0.00							
Packaging	Identify and pack for shipping as per PPP D205-634-011								
	Location: <u>7B</u>								
	PPP rev: <u>2B</u>								
140	QC21- Final Inspection - Work Order Release	0.00							
140									
QC	Memo	0.00							
Quality Control									

11/16/11

12/1/11

MF 12-01-06

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Picklist Print

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Work Order ID: 76553

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Parent Item: D205-634-011

D205-634-011

Parent Item Name: Skidtube

Start Date: 16/11/2011

Required Date: 02/12/2011

Start Qty: 1.00

Required Qty: 1.00

Comments:

IPP Rev:P02.08.28Removed QC5 from Step 5KJ

IPP Rev:Q 08-08-12 now @ chg 006 (DSI 9417) DD verf:EC

IPP Rev R 09.01.28 now chg 007 DSI9417 revB EC verf:DD IPP Rev:S

10.12.01 as per chg008 DD verf:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D205-634-041		Manufactured	No			110	Each	5.0000	1	1			
D205-634-041									**				
Replacement Skidtube													

Location	Loc Qty	Loc Code
FG	-1	
56133	0	
56134	0	
56135	0	
56136	0	
56137	0	
56565	0	
56566	0	
FG073	6	
72092	1	
72290	1	
72859	1	
72860	1	
74923	1	

K10003

Manufactured No

110 Each

2.0000

1

1

K10003

Saddle, D205-634-011

Location	Loc Qty	Loc Code
PKG	2	
57963	0	
73752	1	
75072	1	

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries